

As a below named inventor, I/we hereby declare that:

My/our residence, post office address and citizenship are as stated below next to my/our name. I/we believe I am/we are the original, first and sole/joint inventor/s of the subject matter which is claimed and for which a patent is sought on the invention entitled

IMPROVED METHOD FOR THE TIMED DOSAGE OF MEDICAMENTS

the specification of which is attached hereto,

or was filed on February 19, 2005

as a PCT Application Serial No. PCT/EP2005/001745

I/we hereby state that I/we have reviewed and understand the contents of the above-identified specification, including the claims.

I/we acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I/we hereby claim priority benefits under Title 35, United States Code, §119 and § 119(a)(1) of any foreign and/or U.S. provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

10 2004 010 516.2
(Number)

Germany
(Country)

March 4, 2004
(Month/Day/Year Filed)

I/we hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I/we acknowledge the duty to disclose the material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

I/we hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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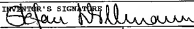

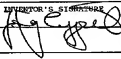
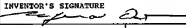
Power of Attorney: As a named inve

- Practitioners associated with the Costumer Number 27386

as my/our attorney(s) and/or agent(s) to prosecute this application and
transact all business in the Patent and Trademark Office
connected therewith:

The undersigned hereby authorizes the U.S. attorney or agent named herein
to accept and follow instructions from the Assignee of this application as
to any action to be taken in the United States Patent and Trademark Office
regarding this application without direct communication between the U.S.
attorney or agent and the undersigned.

DIRECT TELEPHONE CALLS TO: WILLIAM C. GERSTENZANG (212)808-0700

FULL NAME OF SOLE OR FIRST INVENTOR WILLMANN, Stefan		INVENTOR'S SIGNATURE 	DATE 2006-08-15
RESIDENCE 40593 Düsseldorf, Germany		CITIZENSHIP German	
POST OFFICE ADDRESS Seidenweg 41, 40593 Düsseldorf, Germany			
FULL NAME OF SECOND INVENTOR SCHMITT, Walter		INVENTOR'S SIGNATURE 	DATE 2006-08-21
RESIDENCE 41470 Neuss, Germany		CITIZENSHIP German	
POST OFFICE ADDRESS Am Römerweg 19, 41470 Neuss, Germany			
FULL NAME OF THIRD INVENTOR LIPPERT, Jörg		INVENTOR'S SIGNATURE 	DATE 2006-07-07
RESIDENCE 51375 Leverkusen, Germany		CITIZENSHIP German	
POST OFFICE ADDRESS Kandinsky Str. 21, 51375 Leverkusen, Germany			
FULL NAME OF FOURTH INVENTOR DORN, Ingmar		INVENTOR'S SIGNATURE 	DATE 2006-05-11
RESIDENCE 50668 Köln, Germany		CITIZENSHIP German	
POST OFFICE ADDRESS Ursulagartenstr. 29, 50668 Köln, Germany			
FULL NAME OF FIFTH INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF SIXTH INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF SEVENTH INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			

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